GUIDELINES FOR COMPLETION OF INCIDENCE OF NON-COMPLIANCE (ION) FORM

Complete and submit this form for any violation of the Storm Water Pollution Prevention Plan observed during any inspection conducted, including those not required by the Plan. Please adhere to the following guidelines.

- Submit original, photocopy or facsimile copies. Facsimile and/or photo copies should be followed-up with an original signature copy as soon as possible. Please write "copy" under the "For Office Use Only" box in the lower right hand corner.
- < Submit completed forms to:

Illinois Environmental Protection Agency Division of Water Pollution Control Permit Section Post Office Box 19276 Springfield, Illinois 62794-9276

- Reports must be typed or printed legibly and signed.
- Use the formats given in the following examples for correct form completion.

<u>Example</u>		<u>Format</u>
SECTION	12	1 or 2 numerical digits
TOWNSHIP	12N	1 or 2 numerical digits followed by "N" or "S"
RANGE	12W	1 or 2 numerical digits followed by "E" or "W"

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY CONSTRUCTION SITE STORM WATER DISCHARGE INCIDENCE OF NON-COMPLIANCE (ION)

PERMITTEE NAME:	LAST FIRST MIDDLE INITIAL									L		AREA CODE + PHONE NUMBER:								
STREET:							СІТУ:					ST:					ZIP:			
CONSTRUCTION SITE NAME:																				
COUNTY:	SECTION:						ION:	TOWNSHIP:					RAN					GE:		
NPDES PERMIT NUMBER:	I	L	R	1	0				LATITUDE:			MIN.	SE	:C.	LONG	SITUDI		DEG.	MIN.	SEC.
CAUSE OF NON-COMPLIANCE:																				
ACTIONS TAKEN TO PREVENT ANY FURTHER NON-COMPLIANCE:																				
ENVIRONMENTAL IMPACT RESULTING FROM THE NON-COMPLIANCE:																				
ENVIRONMENTAL IN	IFAUI	KEOU	LING	-KUN I	ne N	ON-CO	WITLIANG	C.												
ACTIONS TAKEN TO REDUCE THE ENVIRONMENTAL IMPACT RESULTING FROM THE NON-COMPLIANCE:																				
SIGNATURE:	IATURE: TITLE:									_ DA				JSE ON		-				
MAIL COMPLETED	FORM	TO:						VIRONME					CY	I	LOG:					
DOCUMENTATION	(DO NOT SUBMIT ADDITIONAL DOCUMENTATION					COM POS	IPLIANCE T OFFICE	WATER POLLUTION CONTROL E ASSURANCE SECTION #19 E BOX 19276							PERMIT NO. ILR10					
UNLESS REQUES										DATE:										

Information required by this form must be provided to comply with 415 ILCS 5/39(1996). Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.